
POLICY

Each youth initially entering a juvenile justice residential facility must receive a complete health evaluation and required immunizations. The health evaluation must include a review of available medical records, a medical history and a physical examination. The evaluation must be conducted by a licensed medical professional and must be performed within seven days of youth admission to a detention facility. Evaluations for a youth admitted to a treatment facility must be performed within 30 days of admission. Health evaluations completed within the 12 months prior to admission may be used to meet these requirements at the facility's discretion.

PURPOSE

To ensure that each youth receives an initial health evaluation and is appropriately immunized upon admission to a juvenile justice facility.

DEFINITIONS

See [JRG, JJ Residential Glossary](#).

**RESPONSIBLE
STAFF**

Facility director, admissions staff and medical staff.

PROCEDURE

Each facility must develop and implement a written procedure for intake health evaluations and immunizations. The procedure must contain:

- Review of available youth medical records.
- Taking of youth medical history.
- Physical examination.
- Immunizations.

**Taking of Youth
Medical History**

The youth medical history must include:

- Past and present illnesses including communicable diseases.
- Chronic conditions such as asthma, epilepsy and diabetes.

- Use/abuse of alcohol, legal and illegal substances. This includes last use, amount and manner of use.
- Surgeries.
- Past and present medications.
- Drug and other allergies. List date and reaction if known.
- Immunization information.
- Psychiatric history including prior treatment as well as suicide ideations, gestures and attempts and any history of self-mutilation, carving or cutting.
- Sexual history.
- For females, a history of gynecological problems, breast abnormalities, pregnancies and the date of last menstrual period.

Physical Examination

The physical examination includes:

- Observation of youth behaviors.
- Vital signs including temperature.
- Notation of skin lesions, scars, tattoos, bruises and burns.
- Examination of head and neck, chest, abdomen, genitalia (pelvic), extremities and back.

Note: Documentation of Tanner staging for sexual offenders may occur at the discretion of the medical professional conducting the examination. The genital examination associated with Tanner staging must be explained to the youth in advance and the youth may refuse to participate without penalty.

The examination must include additional tests and evaluation as follows:

- Laboratory testing (urinalysis and blood tests) as indicated by history and physical examination.
- Testing for sexually transmitted diseases as clinically indicated. No testing is required if the youth has not been sexually active since they were last tested. Should the physician conducting

the examination believe HIV testing is necessary, see [JRM 360, HIV Testing](#), for additional requirements.

- Sexually active females must undergo pregnancy testing.
- A pregnant youth must be referred to an obstetrician or gynecologist (if not already under treatment by one), undergo testing for Hepatitis B and be offered HIV counseling and testing.
- Any youth who has a history of intravenous drug abuse must be tested for Hepatitis B and offered HIV counseling and testing.
- Vision and hearing testing on each incoming youth (treatment facilities only) with referral to vision specialists or audiology as indicated.

The licensed medical professional conducting the examination must document all findings, restrictions, medical services provided, tests ordered and prescribed treatments including medications. The licensed medical professional must also document diagnoses when present or if provisional.

Immunizations

If previous immunization records are not received within 30 days of a request for same, the facility and its health provider must begin providing the necessary immunizations to the youth unless the parents refuse or the youth's records contain a statement from a physician indicating that the immunizations are contra indicated.

For a youth 7-18 years of age, follow the American Academy of Pediatrics Adolescent Immunization Schedule at https://redbook.solutions.aap.org/SS/Immunization_Schedules.aspx

If immunizations are started late or fall behind more than one month, follow the American Academy of Pediatrics Catch-up Immunization Schedule at <http://www.aapredbook.aappublications.org/resources/IZScheduleCatchup.pdf>

AUTHORITY

Child Caring Institutions Rules R400.4232, R400.4332 and R400.4334

Public Health Code, 1978 PA 368, as amended, MCL 333.1101